

JISC UPDATE January – March 2016

Debrief advice

A clinician asks: When there is a dreadful incident in a hospital – what is the ideal response (if it exists)? At this hospital there was a large and difficult 'debrief'.

Respondent one: identifies two issues

1. The formal process of a SUI needs to take place - has that been started and do you trust that this will be done well? Is it likely that it will be cross organisational? If not-can you influence that? In your position I would be trying to ensure that there is an independently led SUI which the acute trust should lead but should have reps from all the organisations involved, ambulance service, MH trust if you knew the patient and possibly even if you didn't because you can check that there are procedures in place and were followed; and if they weren't then you can add these to the recommendations.
2. Relationships across organisations and within staff groups: What is the state of play now after the 'debrief'? What are the plans for follow up if any and what influence do you have in the scenario?

Respondent two: There may be some guidance in the acute hospital policies about the management and investigations of serious incidents. It would be common to hold a fact-finding meeting (often confusingly called "debriefing") which is not the same as taking a group therapy approach that encourages people to consider their experiences and emotional responses (the "debriefing" that has been shown to probably be harmful). That being said, there is a risk that people attending for the former may find it emotionally difficult, so they should be encouraged to seek support within their services and could be informed of available support services. The RCPsych leaflet, "Coping with a traumatic event" is designed to be used in such situations, talking about the normal emotional response and when to seek help.

Respondent three: Suggests clarifying your responsibility in this.

'My experience is that when things go wrong, people do not always behave well - so if psychiatry is likely to be commented on in the SUI, then you should let your managers know that this is happening so that they can contribute formally to the process.'

Respondent four: Often the emotional response to this sort of incident- shock/sadness/questioning/ anger leads to quickly trying to do something as action helps people feel a bit better about a desperately sad situation and helps with that urge to do something to make sure it can never happen again. So I agree that the A + E response was a well-intentioned and understandable response to what had happened; and I do think this sort of coming together for an operation debrief can be helpful for many involved in some situations.

I'd be inclined to help the staff recognise how they are feeling and the urge to do something is a normal and compassionate reaction to this type of unpredictable and shocking event; and not something one would ever have planned for. Perhaps with hindsight the lead clinically relevant people of the 3 organisations could have met, with support from their respective managers to think through helpful next steps; which might have included an operational debrief.

I imagine all 3 organisations- acute/ mental health and ambulance service will follow their SUI policies and this will have to run its course.

In the meantime I'd wondered if a way of supporting staff might be if the respective trusts wrote a carefully worded letter to the individual members of staff involved affected; something in which they acknowledge the tragedy and share they have been shocked and saddened by what has happened, that they know that those involved will have been affected in different ways and hopefully supported by friends/ family/ colleagues and that if people would value any extra support during this time they could access this by occ health service +/- chaplaincy service who have both been briefed about what's happened; with contact details etc.

I also wonder if other patients in the department were aware/ affected and whether there needs to be some thought put in to contacting them in a similar supportive way.

Dr Jackie Gordon
Worthing